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IAB SH 2270109

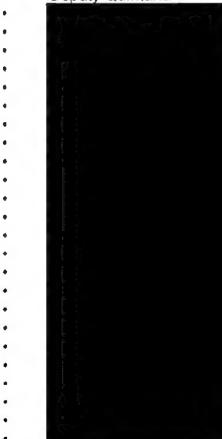
AUDIO/VIDEO TRACKING SHEET

INVESTIGATOR'S LOG

OFFICER INVOLVED SHOOTING FORM & INVESTIGATIVE SUMMARY

INTERVIEWS

- Deputy Acosta Homicide
- Deputy Duxbury Homicide
- Deputy Acosta IAB
- Deputy Duxbury IAB
- Deputy Bigelow
- Deputy Bustamante
- Deputy Chen
- Deputy Quintana



- Deputy D'Antonio
- Deputy Davis

EXHIBITS

- A Homicide Book
- (1) CD Containing Crime Scene Photos (Color Copies of Photos Printed and Attached)

7

- C Google Earth image initialed by Deputy Acosta
- Incident History Report for call for service (tag #45)

MISCELLANEOUS

- Administrative Rights Force Review forms for Deputies Acosta and Duxbury
- Receipt for Documents

Los Apaeles County Sheriff's Department Orficer Involved Shooting

Page 1 of 6

Report Date:	07/09/1		u/Station/Facility:	FOR I / San	ta Clarita	Station	Admin. Inv	est.?	Hit?
				Incident Informa	ation				
URN:	010-11	288-0610-45	55	Date:	07/09	710	Ti	m _E : 0	250 Hours
City or Station:	С	anyon Coun	trv						he had a gun
Location:		Canyon Roa		deputies. Susp					nd pointed it at
Canyo	n Country			gun as he read				paties	riad Scoons
Location Type		Lighting (circle o	only one):	Incident Type (circle	e one or mo	xe):	Initiated	by (circle o	nly one):
(circle one or mor Backyard	re):	(Darkness)		Accidental Armed Person			Arrest	Warrant	
Seach		Daylight		Fleeing Suspect				vation	
Businoss		Other Street Liebte		Foot Pursuit				Person Unit	
Freeway		Street Lights		Gun Take Away			Other		
Industrial Park		Weather (circle	only one).	- Movina Vehicle Sniper/Ambush				th Warrant	
Parking Lot	>	Clear	,	Startie			Two	Person Unit	
Residence	>	Cloudy		Struggle Involved			Prior A	ctivity (circle	only one):
Rural		Fog		Traffic Stop			Dele		,,
School		Rain		Unarmed Person	>		lnma	te Transport	
Street		Distance:		Unintentional Vehicle Pursuit			Othe		
Other:		Approx 30	and 45 feet	Warrant Service			Roul	ine Patrol	^
Total # of Shots Fin	ed by Deputy	Total # of Shots		Warning Shot					
6			0	Other:			Aero U	nit7	Canine Unit?
SALKED STATE OF SECTION		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ranan eras	Employee Witne	9905			CALLY I	100
Employee #	Last N	lame		Name	M.I.	ShiftTime (circl	le only one):	ShiftType (c	ircle only one):
		Bigelow		Daniel		EM PM	Day	Regular	
Employee #	Last N			Name	M.L	ShiftTime (drei			licle only one):
	Last N	Bustamar		Felix Name	M.L	ShiftTime (circi		Regular	Ovenime Off Duty
Employee#	Lastin	Chen	FRSE	Jerry	(M.1.	EM) PM		Regular	
300000000000000000000000000000000000000			· No	n-Employee Wit	nesses				e 6 Vijera je sa Kupi
Last Name	hard Court and the San San				First I	\ame	The state of the s	- Anna and an analysis	M.J.
Street Address			City		Zip Ci	ode	Work	Ph	Hame Ph
Last Name					First I	Vame			M.I.
					Zin C		Materia	Ph.	
Street Address			City		46.1		Work	Pri	Home Ph
Last Name					First ?	Vame			M.I.
Street Address			City		Zio Ci	cde	Work	Ph	Home Ph
		ang et et et et	Tay Love	Supervisor	5				
Employee #	Last Name	WIP,	First N	amė	Mil	(circle one or		Wi	tness to shooting
		Ballentine		Dion		On Duty Present of	during shooting		volved in shooting
Employee#	Last Name		First N		MJ	(circle one or		9	
						On Duty	o de la constanción		ness to shooting
			LA LACTURE IN COLUMN 19-110			Present d	luring shootin	g luv	olved in shooting
				Watch Serge:	ant' 💮	(2.33).			
Employee#	Last Na	me			F	rst Name			M.J.
			Miller				Gary		
		4 (4)		Watch Comma	nder				
Employee#	Last Na	me		100,000	1	rst Name			M.I.
			Stillwell				Dustin		Α.
							_	_	

: ::	PSTD Use Only	
\$H#		

Officer Involved Shooting URN:

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(41) (44) (45)

(50) (SL)

(WW)

.410 guage .44 caliber .45 caliber

Other caliber

50 mm

Slug

							Ţ	Page	2 01 0
				Transfer	Rollout Information				
Arrival	Date 07/09/1		rival Time	0630	Date Submitted		Date of Recommendation		
Emplo	yee # Las	t Name Aul	t			First NameAlic	ia		M.I
Emplo	yee # Las	Name Adl	er			First NamaKell	ly		M,t
Emplo	yee # Las	t Name All€	n			First NamaVict	ог		M.I
		1.0		Shoot	ing / Force Inform	nation			
Meth	od					Туре	of Injury	Body	Part Injured
(8C) (8C) (8C) (8C) (8C) (8C) (8C) (8C)	Arwen Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restrain: Choke Hold Control Holds: (Control Control Holds: (Taked Chemical Chemical Agents (Ot Chemical Agents (Te Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edge	Takedown) own) C Spray) ar Gas)	(OS) (OB) (OB) (PS) (PS) (PS) (PP) (PS) (CN) (RS) (CN) (RS) (CN) (RS) (SP) (SB) (SB) (SB) (SB) (SB)	Other Weapon Personal Weapersonal Weapersonal Weapersonal Weapersonal Weapersonal Weapersonal Weapersonal Weapersonal Destraint Destrain	on Blunt Object on Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice: REACT Beft	(AB) (BR) (BR) (CP) (CO) (DH) (DB) (FR) (GS) (HB) (LC) (ND) (CD) (PA) (SD) (SD) (SD)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paratysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AR) (AR) (BK) (CEL) (FA) (FF) (GER) (HE) (EX) (LEX) (SH)	Abdomen Ankle Amm Back Buttocks Chest Elbow Face Feet Fingers Genitals Groin Hand Head Hip Internal Knees Leg Neck Shoulder
Bran (AK) (BN) (BR) (BW) (CO) (CO)	AK-47 Benetli Beretta Browning Charter Arms Colt Davis Industries	(IV) (JE) (LO) (LU) (MA) (MO) (NC)	iver Johrson Jennings Lorch Luger Martin Mossberg NCI aka SKS	(RÓ) (SW) (SR) (ST) (TA)	RGI Rossi Smith & Wesson Sturm Ruger Sterling Taurus Westherby		Refused Med Treatment NONE er 9 mm (24) .243 ca 0 mm (25) .25 cali		Wrist 41) 410 guage 44) 44 caliber

Winchester

Other Brand

US Government

Handmade (Inmate)

Homemade (Non-Inmate)

(WN)

(US)

(YY)

(XX)

(10)

(12)

(20) (21)

10 mm

12 guage

20 guage

22-250

.22 caliber

.223 caliber

(24) (25)

(30)

(35)

(36)

(38)

(40)

.25 caliber

308 caliber

.357 caliber

30-60 caliber

.38 caliber

.40 caliber

FORCE APPLIED (one code per block)

(NA)

(NO)

(RA)

(RM)

(RG)

Hi Slandard

Harrington & Richardson

Glock

H&K

Ithica

(GL) (HA) (HK) (HK)

Norinco

Remington

Raven

RG

North American

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1&E#2	00						
E#1&E#2	S#1	FH	BR	9	Y	Υ	NN	
S#1	E#1&E#2	UC						
E#2	S#1	FH	BR	9	Υ	Υ	GS	AD

Officer Involved Shooting involved Employee Information

URN: 010-11288-0610-455

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				Involved	Empl	оуее		
E_1	Employee #-	Last Name Acosta					First Name Eric	Mi.I.
	Sex: Race: W	Rank DSG		Unit Assignment: Santa Clarita Station		Work Assignment (Unit #, Module, 63	eic.):	
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Of	Duty	Intextication/Drug Usage?		7 🔲	Substance Used.	
	Hospital Admission?	Hospital Name:	Coroner Case?				Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: 7-8 Age: Height:	8 Weight:	Plain C	(circle only one). Itolhes no Vest Clothes w/ Vest	Uniform n		Other Factors:	,
	Range Qualification Date:			acket no Vest C palification Date:	Uniform v	VI Ves	Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?		ation Unit:		Prior Shoot	Shootings:	Directed Force:
	Weapons Fired Brand: Beretta	Caliber 9mm	# S	hots 2	Weapon Brand:	s Fined	Caliber	# Shots
	Field Training Officer Emp #	Last Name					First Name	M.I.
	Field Training Officer Emp #	Lasi Name					First Name.	M.I.
E_2	Employee#	Last Name Duxbury					First Name Kevin	МІВ
	Sex: Race: W	Rank		Unit Assignmer Santa Ci	nt: Iarita S	tation	Work Assignment (Unit #, Module, 638	
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regulati Overtime Off	Injoxication/Drug Usage?			?	Substance Used	
	Hospital Admission?	Hospital Name:		Coroner Case?			Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: 7-8 Age: Height:	8 Ptei Weight: Ptei 602 135 Rain		hing (circle enly one): tain Clothes no Vest tain Clothes w Vest taid Jacket no Vest C Qualification Date			Other Factors:	
							Laser Training Date:	
	Certified with Weapor	Patrol Certification?		ation Unit:	0	6/01/09 Prior Shoo	Number of Prior	None Directed Force:
	Used? Weapons Fired	Caliber 9mn	# 5	ihots 4	Weapon		Shootings: Caliber	# Shots
	Brand: Beretta Field Training Officer Emp #	Last Name	1		Brand:		First Name	M.I.
	Field Training Officer Emp #	Last Name		7			First Name	M.I.
	Employee #	Last Name					First Name	W.I.
E				Unit Assignme	nê:		Work Assignment (Unit #, Module	
	Sex; Race:	Renk		Olit Assignme				. 1.0.7.
	ShiftTime (circle only one) EM PM Day	ShiftType (circle only one): Regular Overtime Of	f Duty	Intoxication/Dr	ug Usage	?	Substance Used:	
	Hospital Admission?	Hospital Name:		Coroner Case?			Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting:	Duty Time (hrs):		(circle only one): Clothes no Vest		ket w/ Vesi	Other Factors:	
	Age: Height:	Weight		Clothes w/ Vest Uniform no Vest Jacket no Vest Uniform w/ Vest ualification Date:				
	Renge Qualification Date:		PPC Q				Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit		Prior Sho	olings? Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand:	Caliber	#5	Shots	Weapon Brand:	s Fired	Caliber	# Shots
	Field Training Officer Emp #	Last Name					First Name	₩.I.
	Field Training Officer Emp #	Last Name					First Name	МI

SUPPLEMENTAL EMPLOYEE WITNESSES Los An Jes County Sheriff's Defautment

Employee Witnesses First Name Edgar Last Name Quintana Zip Code Home Ph Work Ph Street Address LA County Employee # First Name Daniel Last Name Bigelow M.I. Street Address Zip Code Work Ph Home Ph LA County Employee # First Name Jerry Last Name Chen M.I. Street Address Zip Code Work Ph Home Ph LA County Employee # First Name Felix Last Name Bustamante M.L Zip Code Street Address Work Ph Home Ph LA County Employee # First Name M.i. Last Name Home Ph Zip Code Street Address Work Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Zip Code Work Ph Home Ph Street Address M.L. Last Name First Name Street Address Zip Code Work Ph Home Ph M.L. Last Name First Name Zip Çode Work Ph Home Ph Street Address Last Name First Name M.L. Zip Code Work Ph Home Ph Street Address M.L. First Name Last Name Zip Code Home Ph Street Address Work Ph Last Name First Name Zip Code Home Ph Street Address Work Ph First Name M.L. Last Name Home Ph Zip Coże Work Ph Street Address M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.L. Zip Code Work Ph Home Ph Street Address First Name Last Name Zip Code Work Ph Hame Ph Street Address

SUPPLEMENTAL NON-EMPLOYEF WITNESSES Los An Jes County Sheriff's Department

5 of 6 Page Non-Employee Witnesses Last Name First Nam Zip Code Home Ph Street Address Work Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph First Name M.I. Last Name Zip Cose Work Ph Home Ph Street Address Last Name First Name Zip Code Work Ph Home Ph Street Address First Name M.L Last Name Home Ph Street Address Zip Code Work Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph First Name M.3. Last Name Zip Code Work Ph Home Ph Street Address M.I. First Name Last Name Zip Code Home Ph Work Ph Street Address First Name M.L Last Name Zip Code Home Ph Work Ph Street Address First Name Last Name Home Ph Zip Code Work Ph Street Address M.I. Last Name First Name Home Ph Zip Code Work Ph Street Address M.I. First Name Last Name Zip Code Work Ph Home Ph Street Address First Name M.L Last Name Zip Code Home Ph Work Ph Street Address MIL First Name Last Name Zip Code Work Ph Home Ph Street Address First Name M.I. Last Name Zip Code Work Ph Home Ph Street Address First Name Last Name Work Ph Home Ph Street Address Zip Code

Officer Involved Shooting Suspect Information

URN: 010-11288-0610-455

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		<u> </u>	uspectal	nformation 👙 💢		100			
S 1	Last Name Noriega			First Name Ralph	M.I.				
	AKA Last Name	, , , , , , , , , , , , , , , , , , , ,		First Name	M.I.				
	Sex: M Race: H	Street Address		City	State & Zip Code:				
	Work Phone:	Home Phone:	Social Sec	urity #:	Driver's License #				
	Age: D.O.B.	Reight: Weight	FBI#		Cli #	_			
	41 09/15/69	509 200	1010		Cite				
	Booking # Not Arrested	Primary Charge: 422P	mary Charge: Secondary Charge: 422PC						
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used: Amphetamine/Opiates Criminal History? Year:				
	Armed?	Apprehended?		Mental Illness?					
	Vehicle Make			Model:					
	Ho	nda Warrior		Motorcycle	2008				
8	Last Name			First Name	M.I.				
	AKA Last Name	.,.		First Name	M.I.				
	Sex: Race	Street Address:		City	State & Zip Code:				
	Work Phone:	Home Phone:	Social Sec	curity #.	Oriver's License #:				
	Age: D.O.B.	Height: Weight:	FBI#						
	Booking #	Primary Charge	!	Secondary Charge:					
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:				
	Armed?	Apprehended?		Mental litness?	Criminal History?				
	Vehicle Make	Libbraria and T	_	Model:	Year:	_			
s	Last Name			First Name	M.I.				
s	Last Name AKA Last Name			First Name First Name	M.I. M.i.	_			
S		Street Address:							
<u>s</u>	AKA Last Name	Street Address: Home Phone:	Social Sec	First Name City	M.i.				
<u>s</u>	AKA Last Name Sex: Race		Social Sec	First Name City	M.i. Stale & Zip Code:				
S	AKA Last Name Sex: Race Work Phone:	Home Phone:		First Name City	M.i. Stale & Zip Code: Driver's License #:				
<u>s</u>	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight:		First Name City	M.i. Stale & Zip Code: Driver's License #:				
s	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Height: Weight: Primary Charge Coroner Case #		First Name City surity #: Secondary Charge: Intoxication/Drug Usage?	M.i. Stale & Zip Code: Driver's License #: Cli # Substance Used:				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight: Primary Charge		First Name City surity #: Secondary Charge:	M.i. Stale & Zip Code: Driver's License #: Cli #				
8	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed?	Height: Weight: Primary Charge Coroner Case #		First Name City Secondary Charge: Intoxication/Drug Usage? Mental liness?	M.i. Stale & Zip Code: Driver's License #: Ctl # Substance Used: Criminal History?				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed?	Height: Weight: Primary Charge Coroner Case #		First Name City Secondary Charge: Intoxication/Drug Usage? Mental liness?	M.i. State & Zip Code: Driver's License #: Cli # Substance Used: Criminal History? Year:				
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	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	FBI #	First Name City Secondary Charge: Intoxication/Drug Usage? Mental liness? First Name First Name City Curity #:	M.I. Stale & Zip Code: Driver's License #: CII # Substance Used: M.I. W.I. State & Zip Code: Driver's License #: CII # Substance Used:				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight: Primary Charge:	FBI #	First Name City Secondary Charge: Intoxication/Drug Usage? Mental liness? Model: First Name First Name City Secondary Charge:	M.I. Stale & Zip Code: Driver's License #: CII # Substance Used: Criminal History? Year: M.I. State & Zip Code: Driver's License #: CII #				